



# Request to Close Account(s)

To (Former Financial Institution): \_\_\_\_\_

From (Name of Account Holder): \_\_\_\_\_

Please accept this letter as written authorization to close the following account(s) at your financial institution. All outstanding transactions have cleared and electronic deposits and withdrawals have been discontinued.

Please issue a check for any remaining balance and send it to my attention at the following address:

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

PO Box (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please close the following account(s):

- Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_
- Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_
- Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Thank you,

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_